

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	/					
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TOTAL NO.	11		1		1	
TOTAL DEP.	14		1		1	
TOTAL DEP.	14		1		1	

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TOTAL NO.				
TOTAL DEP.				
TOTAL	122526	122526	122526	122526